

Erie County Fire Coordinator's Office - Training Course Application

[PLEASE READ & COMPLETE EACH ITEM CAREFULLY]

- 1) This course application must be COMPLETED for EACH student and signed by the student's fire chief. This is REQUIRED even for members of the host agency. STUDENTS MUST BE PRE-REGISTERED by the course registration deadline.
- 2) Include the course number and location and check the type of the course for which you are seeking admission.
- 3) Identify the name and agency identification number of your fire department (FDID#) and date the application is submitted.
- 4) The Fire Chief must print their name and sign each student's application and check off the appropriate authorizations.
- 5) Fax (716/681-3645), mail or hand deliver completed applications to the Fire Coordinator's Office (3359 Broadway – Cheektowaga NY 14227) on or before the course registration deadline indicated on the course schedule.
- 6) The applicant will be enrolled in the course requested upon receipt of this completed application at the Erie County Fire Coordinator's Office. Course availability is subject to a minimum/maximum number of enrollees.
- 7) Applicants must notify the Fire Coordinator's Office 48-hours prior to the scheduled course start if they WILL NOT be able to attend the course requested.
- 8) Please do not hesitate to contact the Fire Coordinator's Office at **716/681-7111** with any questions regarding this training.

PERSONAL INFORMATION: (PLEASE PRINT ALL INFORMATION)										
LAST NAME:					FIRST:				MI:	
ADDRESS:										
CITY:					ST:		ZIP:			
HOME PHONE:				WORK PHONE:				PAGER:		
SOCIAL SECURITY#:										
E-MAIL ADDRESS:										
Check these boxes only if you DO NOT wish to receive training information: <input type="checkbox"/> Via E-Mail <input type="checkbox"/> Via US Mail										
COURSE INFORMATION: (PLEASE PRINT ALL INFORMATION)										
COURSE#:				COURSE TITLE:						
LOCATION:							<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REFRESHER <input type="checkbox"/> MAKE-UP CLASS(ES) ONLY			
FIRE DEPT. INFORMATION: (PLEASE PRINT ALL INFORMATION)										
YOUR FIRE DEPT.:					FDID#:					
DATE SUBMITTED:					<u>FIRE CHIEF: CHECK ALL THAT APPLY</u> <input type="checkbox"/> I authorize this applicant to attend this course. <input type="checkbox"/> I certify that this applicant taking part in training evolutions relative to this request has a current OSHA compliant fire fighter physical and is therefore capable of interior fire fighting operations and use of Self-Contained Breathing Apparatus.					
PRINT CHIEF'S NAME:										
CHIEF'S SIGNATURE:										
<p>Please attend the course you have applied for on the starting date indicated on the course schedule.</p> <p>You will be notified <u>ONLY</u> of any changes in scheduling or course availability.</p> <p><u>Please mail or deliver completed applications to:</u> Erie County Fire Safety 3359 Broadway – Cheektowaga NY 14227</p> <p><u>Or Fax completed applications to: 716/681-3645</u></p>					DATE RECEIVED: (Stamped by Fire Safety)					
[FORM: ECFS-1001-Course Application AS OF: 05/04/99]										

